

## **Application Data Sheet**

### **Application Information**

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?: None

Number of CD disks::

Number of copies of CDs::

Sequence submission?:

Computer Readable Form (CRF)?:

Number of copies of CRF::

Title:: Method For Differentiating Breast Ducts For  
Cancer Risk Status

Attorney Docket Number:: 005284.00214

Request for Early Publication?: NO

Request for Non-Publication?: NO

Suggested Drawing Figure::

Total Drawing Sheets:: 3

Small Entity?: NO

Latin name::

Variety denomination name::

Petition included?: NO

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?: NO

## **Applicant Information**

|   |                          |
|---|--------------------------|
| Applicant Authority Type::              | Inventor                 |
| Primary Citizenship Country::           | US                       |
| Status::                                | Full Capacity            |
| Given Name::                            | David                    |
| Middle Name::                           |                          |
| Family Name::                           | Hung                     |
| Name Suffix::                           |                          |
| City of Residence::                     | Belmont                  |
| State or Province of Residence::        | California               |
| Country of Residence::                  | US                       |
| Street of mailing address::             | 2634 Belmont Canyon Road |
| City of mailing address::               | Belmont                  |
| State or Province of mailing address::  | California               |
| Country of mailing address::            | US                       |
| Postal or Zip Code of mailing address:: | 94002                    |

|                                  |                    |
|----------------------------------|--------------------|
| Applicant Authority Type::       | Inventor           |
| Primary Citizenship Country::    | US                 |
| Status::                         | Full Capacity      |
| Given Name::                     | Susan              |
| Middle Name::                    |                    |
| Family Name::                    | Love               |
| Name Suffix::                    |                    |
| City of Residence::              | Pacific Palisades  |
| State or Province of Residence:: | California         |
| Country of Residence::           | US                 |
| Street of mailing address::      | 16593 Via Floresta |
| City of mailing address::        | Pacific Palisades  |

State or Province of mailing address:: California  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 90272

Applicant Authority Type:: Inventor  
Primary Citizenship Country::  
Status:: Full Capacity  
Given Name::  
Middle Name::  
Family Name::  
Name Suffix::  
City of Residence::  
State or Province of Residence::  
Country of Residence::  
Street of mailing address::  
City of mailing address::  
State or Province of mailing address::  
Country of mailing address::  
Postal or Zip Code of mailing address::

### **Correspondence Information**

Correspondence Customer Number:: 22907

### **Representative Information**

Representative Customer Number:: 22907

### Domestic Priority Information

| Application::    | Continuity Type::  | Parent Application:: | Parent Filing Date:: |
|------------------|--------------------|----------------------|----------------------|
| This Application | Continuation of    | 09/852,145           | 05/10/01             |
| 09/852,145       | Non-Provisional of | 60/203,416           | 05/10/00             |
| 09/852,145       | Non-Provisional of | 60/289,536           | 05/09/01             |
|                  |                    |                      |                      |

### Foreign Priority Information

| Country:: | Application number:: | Filing Date:: | Priority Claimed:: |
|-----------|----------------------|---------------|--------------------|
|           |                      |               |                    |
|           |                      |               |                    |
|           |                      |               |                    |

### Assignee Information

Assignee name: Cytac Health Corporation  
Street of mailing address: 85 Swanson Road  
City of mailing address: Boxborough  
State or Province of mailing address: Massachusetts  
Country of mailing address: United States  
Postal or Zip Code of mailing address: 01719